



CBFS

Community Based Flexible Support
2017 Stakeholder Engagement Sessions
Service Accountability and Movement

*Utilization Review in the Rehabilitation and
Treatment Model*

2/22/2017

Agenda

I. Agenda Kickoff

- *Welcome*
- *Today's Goals*
- *Recap*

II. Treatment and Rehabilitation Service Delivery

III. Enhanced Utilization Strategy (continued)

IV. Closing Remarks



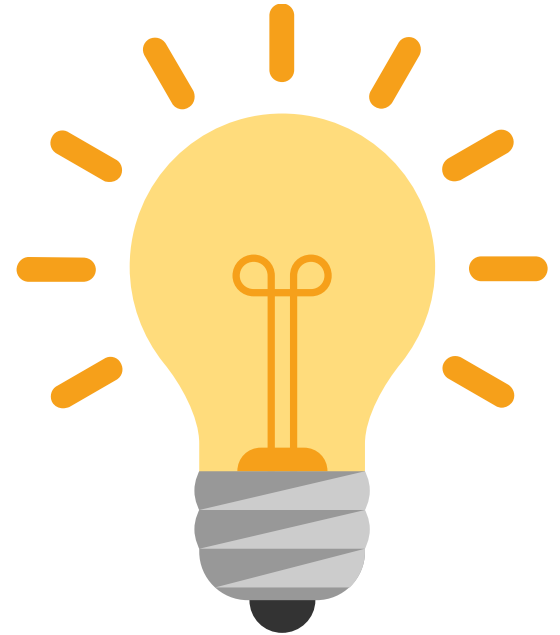
I. Today's Goals

- 1 Introduce a new rehabilitation and treatment model
- 2 Continue utilization review discussion from previous meeting
- 3 Discuss accountability within the rehabilitation/treatment model

I. Today's Goals

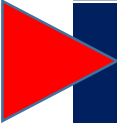
Considerations for this Session

- What efficiencies could be gained in reviewing:
 - Compliance
 - Quality improvement
 - Utilization review
- What metrics should be reviewed for GLEs and “light touch” enrollees in a utilization review?



I. Schedule Recap

#	Topic	Date
1	Orientation	January 11 th , 2017
2	Utilization Review Process	January 25 th , 2017
3	Engagement	February 8 th , 2017
4	Utilization Review in the Rehab and Treatment Model	February 22 nd , 2017
5	Behavioral Health Integration	March 8 th , 2017
6	Measurable Targets & Benchmarks	March 24 th , 2017
7	Debrief for Both Workgroups	March 29 nd , 2017



I. Last Meeting Recap



Workgroup Session 2 (2/8/17) Topic: Measuring Engagement

- Staff training is a critical component of engagement. Discussed need to measure accountability around training and to ensure service is being delivered in a way that is making a meaningful impact.
- Milestones of Recovery and the Transitional Readiness Scale are two suggested ways that engagement and service delivery can be measured.
- Short Term “Success” – using smaller, manageable and immediate goals as a way to foster continued engagement and make a connection.
- Opportunity to work with other agencies, including MassHealth as part of this process.

II. Treatment & Rehabilitation Service Delivery

Model Development and System Integration Workgroup
February 15, 2017



II. Rehabilitation Requirements

- The Medicaid Rehabilitative Services Option (the “Rehab Option”) covers a portion of the state cost of providing rehabilitative services to Medicaid eligible consumers who reside in facilities or in the community.
- The Code of Federal Regulations defines “**rehabilitation service**” as:



*“Any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice under state law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his or her best functional level.”**

- States have unique flexibility to deliver a broad range of rehabilitation services in a community setting and by a wide range of professionals.

*Section 1905(a)(13) of the Social Security Act https://www.ssa.gov/OP_Home/ssact/title19/1905.htm and Code of Federal Regulations under 42 CFR 440.130(d) <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html> (emphasis added)

II. Rehabilitation Requirements

Massachusetts does not alter the federal definition of rehabilitation. The nature and scope of the Massachusetts Medicaid program is governed by its CMS-approved Medicaid state plan. There are also state and agency regulations related to rehabilitative services that affect the state's ability to collect CMS reimbursement.

MassHealth Provider Regulations

- MassHealth has established regulations governing Medicaid coverage and payment for services delivered by its providers.
- MassHealth has also established, for state Medicaid billing purposes, service codes and descriptions.



Mass DMH Regulations

- DMH has established regulations applicable to its delivery of services through state providers and contracted vendors.
- DMH's CBFS program has guidelines and requirements to ensure compliance with federal and state rehabilitative service requirements.



II. Treatment & Rehabilitation Service Delivery: Model Vision

Current Services	Planned Services
<p>Rehabilitation Activities</p> <ul style="list-style-type: none">• Interventions designed to promote recovery• Informal supportive counseling and problem solving• Social and recreational skill training• Face-to-face crisis intervention• Medication training <p>Other Services</p> <ul style="list-style-type: none">• Supervision• Housing – Room and Board• Co-occurring mental illness and substance disorders• Peer support <p>Employment Services</p> <ul style="list-style-type: none">• Pre-vocational services that are not job specific• Job Placement• Ongoing job support• Referral to and collaboration with employment services (MRC, Clubhouse)	<p>Clinical and Rehabilitative Interventions</p> <ul style="list-style-type: none">• Engagement strategies including motivational interviewing• Evidence-based practices to promote problem solving & skill development (CBT, DBT, Housing First, Trauma Informed, IMR, etc.)• Social and recreational skill training• Skill development to prepare for, seek and maintain employment• Addiction treatment and recovery coaching• Peer support integrated in team model• Family engagement and support• Referral to and collaboration with employment services (MRC, Clubhouse)• Residential Treatment

II. Treatment & Rehabilitation Service Delivery: Model Vision

To emphasize a clinically focused, person-centered model within CBFS and align with existing employment services provided by other entities, CBFS will:

- Complete assessment and treatment plan, including employment goals
- Provide rehabilitation interventions in support of employment goals
- Make referrals to MRC and Clubhouse for employment services (job placement and support)

Current Services

- Pre-vocational related services that are not job specific
- Job Placement
- Ongoing job support
- Referral to and collaboration with employment services (MRC, Clubhouse)

Planned Services

- Skill development to prepare for, seek and maintain employment
- Referral to and collaboration with employment services (MRC, Clubhouse)



Outside of Model

- Job Placement
- Ongoing job support

II. Discussion

This topic was discussed at length during the Model Development meeting, but we would like to provide the opportunity for comment.

- *What does DMH need to consider in implementing this proposed change?*



If you are unable to share your comments during the time allotted, please feel welcome to share your feedback via email.

III. Enhanced Utilization Strategy (continued)



III. CBFS Utilization Review Process

- DMH contractors maintain internal quality and utilization management systems and engage in activities to ensure the safety, quality and effectiveness of services provided through systematic performance improvement. Provider expectations around utilization management are not expected to change at this time.
- Each CBFS contractor has the responsibility and authority to make decisions about utilization, resource allocations and service delivery.
- DMH measures performance through client and administrative outcomes and conducts compliance review through Rehab Option (RO).

*Current CBFS
UR Review
Process*



- **Enrollee-level reviews at Site meetings**
- **Standard reports on events (hospitalizations), R-days**
- **Area-led contract management meetings with standard agenda**


III. Enhanced Utilization Review Process

Current Review Process

What?	Who?	Why?
Compliance	DMH RO Staff	To claim for RO, providers must comply with federal regulations. Rehab compliance consists of much more than what can be billed under the current structure.
Technical Assistance	DMH RO Staff	To provide tools and training necessary to improve the delivery system.
Utilization Review	DMH Site Office	To ensure the safety, quality and effectiveness of services provided.

III. Enhanced Utilization Review Process

Proposed Review Process

What?	Who?	Why?
Compliance	DMH RO Staff	To claim for RO, providers must comply with federal regulations. Rehab compliance consists of much more than what can be billed under the current structure.
Technical Assistance	DMH RO Staff	To provide tools and training necessary to improve the delivery system.
Utilization Review	DMH RO Staff	Provides an opportunity to review an enrollee's service utilization while already in the enrollee record.
	 DMH Site Office	DMH site office will maintain responsibility to ensure the safety, quality and effectiveness of services provided.

DMH proposes to link together ongoing Utilization Review site activities.

III. Enhanced Utilization Review Process

- DMH will integrate Rehab Option compliance and site level utilization reviews to:
 - ✓ ***Clarify standards to comply with federal reviews***
 - ✓ ***Provide technical assistance to ensure CBFS provides high quality service***
 - ✓ ***Conduct utilization reviews to ensure proper service delivery and movement***
- Emphasis will be on reconsidering existing processes and tools to improve the delivery system

III. Discussion

Consider the new model and the efficiencies to be gained from using one opportunity to review:

- Compliance
 - Quality improvement
 - Utilization review.
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- *With the linkage proposed, how can DMH yield improvements to the delivery system?*
 - *What are key data elements to gauge the effectiveness of the delivery system?*



III. Enhanced Utilization Review Strategy

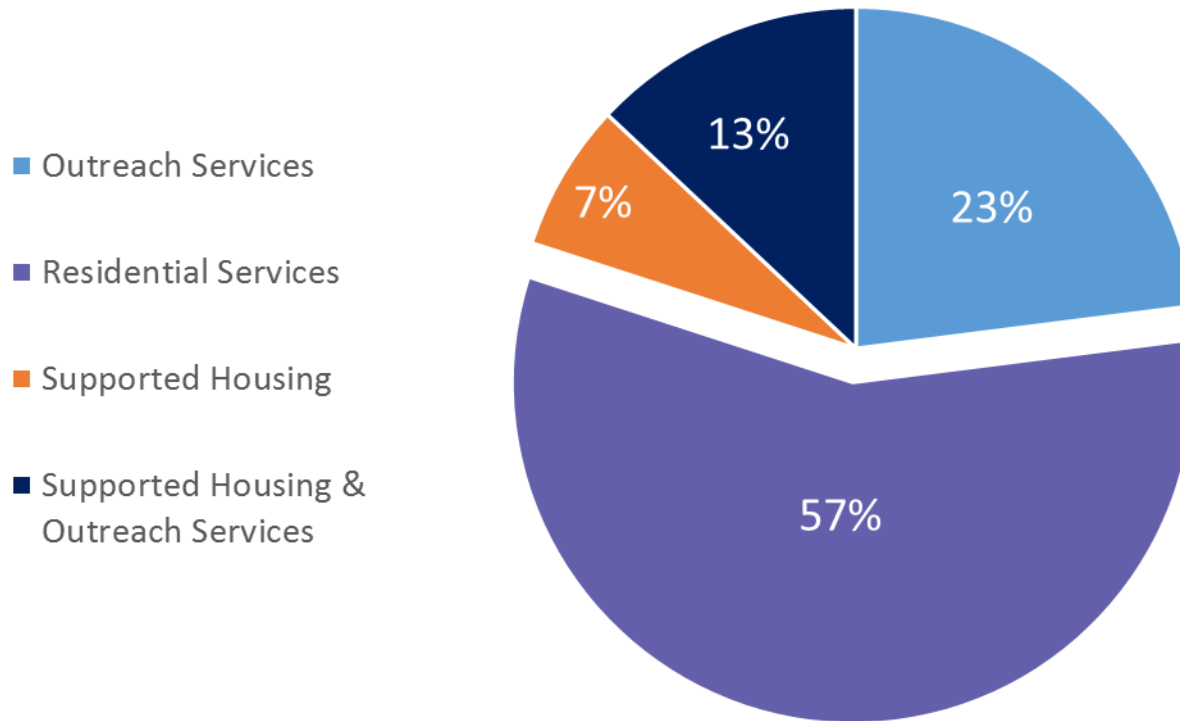
Enrollee-level reviews will ensure quality of care and movement through system focused on the following conditions:

1. New referrals to ensure adequate engagement
2. High acuity/high risk (multiple hospitalizations, ED visits, police encounters, etc.) to ensure that services are adjusted to meet changing needs
3. GLEs, including specialties, to ensure movement
4. Review enrollees receiving “light touch” services to identify enrollees ready to transition to next level of care

III. Enhanced Utilization Review Strategy

3. *GLEs, including specialties, to ensure movement*

More than half of current enrollees were receiving Residential Services prior to CBFS (pre- 2009)



*Based on collected data from 6,632 CBFS enrollees. Not all enrollees represented are still currently enrolled.

Services Crosswalk	
Residential Services	ARESI
	ARESI15
	ARESI24
	ARESI8
Supported Housing	ARESISH
Outreach Services	CRS
	RTC

III. Enhanced Utilization Review Strategy

3. *GLEs, including specialties, to ensure movement*

- What should the interval of review be for different ages and populations?
- What are some objective measures to be used in a consistent way for review purposes?



III. Enhanced Utilization Review Strategy

4. Review enrollees receiving “light touch” services to identify enrollees ready to transition to next level of care

<11,000 CBFS Enrollees

938,492 Total CBFS Rehab Days in FY15

48% of enrollees average 1 or less CBFS Rehab Days per week



10% of enrollees average 1 or less CBFS Rehab Day per month



III. Enhanced Utilization Review Strategy

4. *Review enrollees receiving “light touch” services to identify enrollees ready to transition to next level of care*

- What should the interval of review be for different ages and populations?
- What are some objective metrics to ensure that the level of service provided is appropriate?



IV. Closing Remarks



IV. Closing Remarks

Service Accountability and Movement

- Debrief of Today's Meeting
- Outstanding Questions
- Next Meeting:
 - Westborough State Hospital
 - Rodriguez Auditorium
 - 167 Lyman St, Westborough MA
 - Date: Wednesday, March 8, 2017
 - Time: 9:30-11:30 A.M.
- Next Topic:
 - *Behavioral Health Integration*
 - Discuss how to ensure all necessary populations are reached
 - Address limitations in promoting access
 - Discuss changes required to ensure access
 - Review reasonable standards for accountability

March				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
27	28	01	02	03
06	07	08 DMH	09	10
13	14	15	16	17
20	21	22	23	*24 DMH
27	28	29 DMH	30	31